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Admitted only in Maryland Admitted only in Virginia Admitted only in Texas

April 18, 2002

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APR 2 4 2002

RECEIVED

Commissioner for Patents Washington, D.C. 20231

Art Unit 1646

TECH CENTER 1600/2900

Re:

U.S. Utility Patent Application

Appl. No. 09/696,982; Filed: October 27, 2000 **Screening Assays for G Protein Coupled Receptor Agonists and Antagonists**

Inventors:

Bringhurst et al.

Our Ref:

0609.4430001/LBB/JAH

Sir:

Transmitted herewith for appropriate action are the following documents:

- 1. Petition for Extension of Time Under 37 C.F.R. § 1.136(a)(1);
- 2. Fee Transmittal Form (PTO/SB/17);
- 3. Amendment and Reply Under 37 C.F.R. § 1.111;
- 4. Our check number 34891 for \$920.00 to cover the extension of time fee; and
- 5. One (1) return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

Sterne, Kessler, Goldstein & Fox PLLC: 1100 New York Avenue, NW: Washington, DC 20005: 202.371.2600 f 202.371.2540: www.skgf.com

Commissioner for Patents April 18, 2002 Page 2

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Laure B. Bugarely

Lawrence B. Bugaisky Attorney for Applicants

Registration No. 35,086

LBB/JAH:drb Enclosures

SKGF_DC1:4342.1

SKGF_DC1:4342.1

PTO/SB/17 (10-01)
Approx Tuse through 10/31/2002. OMB 0651-0032
Patent and Trademar Sice: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OVER TRANSMITTAL APR 18 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT DE PAYMENT

(\$) 920.00

Complete If Known						
Application Number	09/696,982					
Filing Date	October 27, 2000					
First Named Inventor	Bringhurst et al.					
Examiner Name	Ulm, J.					
Group Art Unit	1646					
Attorney Docket No.	0609.4430001/LBB/JAH					

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)									
		oner is hereby authorized to charge d credit any overpayment to:		TIONAL Entity		Entity							
Deposit Account Number	19-00	36	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Des	cription	Fee paid				
Deposit Account Name	Sterne	e, Kessler, Goldstein & Fox P.L.L.C.	.105	130	205	65	Surcharge - late filing fee	or oath					
		127	50	227	25	Surcharge - late provisional fil	ing fee or cover sheet	긁					
☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		139	130	139	130	Non-English specification		오					
Applicant claims small entity status		- 147	2,520	147	2,520	For filing a request for	ex parte reexaminati	on B					
See 37 CFR 1.27			112	920*	112	920*	Requesting publication of saction	罗兰					
			113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		600				
2. ☑ Payment Enclosed: ☑ Check ☐ Credit card ☐ Money Order ☑ Other* *Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.		115	110	215	55	Extension for reply within first month		600/2900					
calculations of Parts 1	_	E CALCULATION	116	400	216	200	Extension for reply with	nin second month					
1. BASIC FILING	FEE		117	920	217	460	Extension for reply with	nin third month	920.00				
Large Entity Sm		tity	118	1,440	218	720	Extension for reply with	hin fourth month					
Fee Fee Fee		e Fee Description Fee Paid	128	1,960	228	980	Extension for reply with	hin fifth month					
101 740 20	-		119	320	219	160	Notice of Appeal						
106 330 20		·	120	320	220	160	Filing a brief in support of an appeal						
107 510 207			121	280	221	140	Request for oral hearing						
108 740 20	8 37	70 Reissue filing fee	_ 138	3 1,510	138	1,510	Petition to institute a public use proceeding		,				
114 160 21	4 8	Provisional filing fee	_ 140	110	240	55	Petition to revive - una	avoidable					
			14	-	241	640	Petition to revive - uni	ntentional					
SUBTOTAL (1) (\$) 0.00		142	2 1,280	1,280 242		Utility issue fee (or reissue)							
			143	3 460	243	230	Design issue fee						
			144	4 620	244	310	Plant issue fee						
			12:	2 130	122	130	Petitions to the Comm	issioner					
2. EXTRA CLAIN	A FEES	Fee from Extra below Fee Paid			123								
Total Claims	- 20 *	**= X =	120	6 180	126	180							
		3** = X =	58 	1 40	481	40	 Recording each pater property (times number 	nt assignment per er of properties)	. •				
Multiple Depende		=	_ 14	6 740	246	370	Filing a submission af (37 CFR 1.129(a))	ter final rejection					
Large Entity Sm	all <u>E</u> r	ntity	14	9 740	249	370	For each additional in	vention to be examir	ned				
Fee Fee Fee Code (\$) Cod	de (\$))	17	9 740	279	370	(37 CFR 1.129(b)) Request for Continue	d Examination (RCE)				
103 18 203 102 84 202		Claims in excess of 20 Independent claims in excess of 3	16	9 900	169	900		d examination of a					
104 280 204		Multiple dependent claim					design application						
108 84 209	9 42	**Reissue independent claims over origina	24	e (specify)	:								
110 18 210	9	patent "Reissue claims in excess of 20 and over original patent	Other fe	Other fee (specify):									
SUBTOTAL (2) (\$) 0.00			*Reduc	- 'Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 920.00									
		l, if greater; For Reissues, see above					005101741	Complete (if appli					
SUBMITTED BY					Registrati	on No	05.000						
Name (Print/Type) Lawrence B. Bugaisky		2		Registrati Attomey/Ago	ent)	35,086	Telephone	202-371-2600					
Signature aurer 3. Buy								Date (Cpril 18, 200				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231. #4316v1< #4316v1< **SKGF_DC1> -fee trans amend and reply 4.18 lbb jah 0609.443000.wp													